



# **ENROLLMENT PACKET FOR THE LOUISIANA MEDICAL ASSISTANCE PROGRAM**

**(Louisiana Medicaid)**

# **Speech Therapist (Individual)**

(Enrollment packet is subject to change without notice)

# GENERAL INFORMATION

Provider Enrollment works on a three-week turnaround time frame. If enrollment requirements are not met, the entire application will be returned for correction and would need to be re-submitted once the corrections are made. Any re-submission of the enrollment packet is subject to additional three-week turnaround period.

The enrollment begin effective date for Speech Therapists enrolling for ROW or Children's Choice Waiver Therapy Services only will be the date the enrollment application is actually worked by Provider Enrollment.

No billing for 18 months will result in an automatic closure of this provider number, which will require a new enrollment application in order to be re-activated. No notification will be made to the provider regarding the automatic closure.

## **Speech Therapist Assistants are not eligible to enroll in Louisiana Medicaid.**

- Individual Speech Therapist providers may enroll in Louisiana Medicaid for:
  - Early Steps Provider (see PT 29 – Early Steps Provider Type Specific Checklist/Packet)
  - Residential Options Waiver (ROW)
  - Children's Choice Waiver Therapy Services
  
- Individual Speech Therapists may enroll and bill as an Individual Speech Therapist for the ROW program – OR - they may choose to link to and bill through the following Provider Type agencies:
  - PT11 – Shared Living
  - PT84 – Substitute Family Care
  
- If a professional Individual is linking to an Entity/Business as an 'Attending' only (not being paid individually by Medicaid), then the EDI Contract, Direct Deposit Form, and voided check are not required.
  
- Individual Speech Therapists may **not** link to any Medicaid enrolled Groups, Rural Health Clinics, Federally Qualified Health Centers, or any other program within Louisiana Medicaid (except in the case of ROW or Children's Choice Services).

# **ATTENTION!!**

**Waiver service providers are required to comply with all requirements contained in:**

**1. The provider manuals located at:**

<https://www.lamedicaid.com/Provweb1/Providermanuals/ProviderManuals.htm>

**And**

**2. The information located on the LDH/OCDD website at**

<http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>

# Speech Therapist

## CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Gainwell Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an Individual Speech Therapist provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Individual Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	4. Louisiana Medicaid Ownership Disclosure Information Forms for Individual. <b>(Only the Disclosure of Ownership portion of this enrollment packet can be done online by choosing Option 1.)</b>  <b>Option 1:</b> Provider Ownership Enrollment Web Application. Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> and click on the Provider Enrollment link on the left sidebar. After entering ownership information online, the user is prompted to print the Summary Report; the authorized agent must sign page 3 of the Summary Report and include both pages 2 and 3 with the other documents in this checklist. <b>-or-</b> <b>Option 2</b> (not recommended): If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Individual.
<input type="checkbox"/>	5. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited ( <b>deposit slips are not accepted</b> ).
<input type="checkbox"/>	6. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records ( <b>W-9 forms are not accepted</b> ).
<input type="checkbox"/>	7. Printout of the online license verification from the governing license board of your profession. This verification must contain the license numbers, the effective date of issuance, and the current status of the license. A temporary permit is only good until the expiration date.
<input type="checkbox"/>	8. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 71 (Speech Therapy).

### For ROW Services:

<input type="checkbox"/> **	9. Completed Link/Unlink and Working Relationship Form.
<input type="checkbox"/> **	10. Provider Verification Form for ROW Services.
<input type="checkbox"/>	11. To report "Subspecialty" for this provider type on Section A of the PE-50, please use Code 4W (Waiver Services).

### For Children's Choice Waiver Services:

<input type="checkbox"/> **	12. Provider Verification Form for Children's Choice Waiver Therapy Services.
**	13. To report "Subspecialty" for this provider type on Section A of the PE-50, select all services you will provide of the following Subspecialty codes: Therapeutic Horseback Riding (7Y) and/or Hippotherapy (7Z).
	14. Submit a copy of the appropriate certification that supports the Subspecialty chosen from #13 above.

\* These forms are available in the **Basic Enrollment Packet for Individuals**.

\*\* These forms are included here.

**PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT.**

**ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS)**

Please submit all required documentation to:  
**Gainwell Provider Enrollment Unit**  
**PO Box 80159**  
**Baton Rouge, LA 70898-0159**





